



# House of Representatives

General Assembly

**File No. 440**

January Session, 2009

Substitute House Bill No. 5416

*House of Representatives, April 2, 2009*

The Committee on Human Services reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE TRANSITION OF CARE AND TREATMENT OF CHILDREN AND YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2009*) (a) On or before July 1, 2010,  
2 and annually thereafter, the Commissioners of Children and Families  
3 and Mental Health and Addiction Services shall, within available  
4 appropriations, jointly report, in accordance with section 11-4a of the  
5 general statutes, to the Community Mental Health Strategy Board,  
6 established pursuant to section 17a-485b of the general statutes, and to  
7 the joint standing committees of the General Assembly having  
8 cognizance of matters relating to human services, and appropriations  
9 and the budgets of state agencies and the select committee of the  
10 General Assembly having cognizance of matters relating to children on  
11 the transition process for the young adults from the Department of  
12 Children and Families to the Department of Mental Health and  
13 Addiction Services.

14 (b) The report shall include:

15 (1) A detailed description of such process;

16 (2) (A) The number of children and youth in the care of the  
17 Department of Children and Families who are fourteen years of age or  
18 older and who may require services from the Department of Mental  
19 Health and Addiction Services upon reaching age eighteen, (B) the  
20 diagnostic and behavioral issues related to the reason for potential  
21 referral to the Department of Mental Health and Addiction Services,  
22 (C) the anticipated service needs of such children and youth through  
23 age twenty-one, (D) the identified permanency plans, and (E) the  
24 anticipated budget implications for each department for two years  
25 following the date of the report;

26 (3) (A) The number of youth in the care of the Department of  
27 Children and Families aged sixteen years of age or older who may  
28 require services from the Department of Mental Health and Addiction  
29 Services upon reaching age eighteen, (B) the diagnostic and behavioral  
30 issues related to the reason for potential referral to the Department of  
31 Mental Health and Addiction Services, (C) the anticipated service  
32 needs of such youth through age twenty-one, (D) the identified  
33 permanency plans, and (E) the anticipated budget implications for  
34 each department for two years following the date of the report;

35 (4) For youth described in subparagraph (A) of subdivision (3) of  
36 this subsection, (A) the average length of time between the youth's  
37 sixteenth birthday and the date of referral to the Department of Mental  
38 Health and Addiction Services, (B) the average length of time between  
39 the date of referral and the date of acceptance for services by the  
40 Department of Mental Health and Addiction Services, (C) the average  
41 length of time between referral and completion of a written transition  
42 plan that describes the strengths and service needs necessary for  
43 transition to the Department of Mental Health and Addiction Services,  
44 (D) the number of such youth in residential treatment or in psychiatric  
45 hospitals who are in discharge delay status, (E) the placement settings  
46 of such youth, (F) the identified permanency plans, and (G) the

47 number of such youth (i) who have been adjudicated delinquent, (ii)  
48 who have been arrested as adults, and (iii) incarcerated in a facility  
49 operated by the Department of Correction, and the average length of  
50 incarceration;

51 (5) The number of youth referred by the Department of Children  
52 and Families who were denied services by the Department of Mental  
53 Health and Addiction Services, and the reasons for such denials; and

54 (6) For youth referred by the Department of Children and Families  
55 who were accepted for services by the Department of Mental Health  
56 and Addiction Services, (A) the average length of time between the  
57 youth's eighteenth birthday and placement in a clinically appropriate  
58 level of care, (B) the number receiving services through young adult  
59 services division of the Department of Mental Health and Addiction  
60 Services and the services provided, (C) the number receiving services  
61 through other divisions of the department and the services provided,  
62 (D) the number who refuse, withdraw or are discharged, and the  
63 average length of time between acceptance and refusal, withdrawal or  
64 discharge, and (E) the number arrested or incarcerated prior to their  
65 twenty-first birthday.

66 (c) In addition to the information required pursuant to subsection  
67 (b) of this section, the commissioners shall jointly review and include  
68 in the report any barriers to: (1) Referring no later than thirty days after  
69 their sixteenth birthday all youth who are in the care of the  
70 Department of Children and Families, and who may require services  
71 from the Department of Mental Health and Addiction Services; (2)  
72 completing an eligibility determination no later than thirty days after  
73 the date of referral for all such youth; (3) developing appropriate  
74 transition plans no later than thirty days after a determination that a  
75 youth will be accepted for services from the Department of Mental  
76 Health and Addiction Services; (4) providing clinically appropriate  
77 services to youth in the care of the Department of Children and  
78 Families who may later be referred to the Department of Mental  
79 Health and Addiction Services; and (5) providing clinically

80 appropriate services to young adults upon transition to the  
81 Department of Mental Health and Addiction Services.

This act shall take effect as follows and shall amend the following sections:
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Section 1	<i>July 1, 2009</i>	New section
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**HS**        *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

### **OFA Fiscal Note**

#### **State Impact:**

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$
Children & Families, Dept.	GF - Cost	176,207	190,891
Mental Health & Addiction Serv., Dept.	GF - Cost	51,718	56,028
Comptroller Misc. Accounts (Fringe Benefits) <sup>1</sup>	GF - Cost	57,961	62,791

Note: GF=General Fund

#### **Municipal Impact:** None

#### **Explanation**

The Departments of Children and Families (DCF) and Mental Health and Addiction Services (DMHAS) would incur costs to comply with reporting mandates contained within this bill.

The DCF would require an additional 2.5 positions (1.5 Clinical Social Workers, 1 Clinical Services Manager) at an FY 10 cost of \$176,207 (annualized cost of \$190,891) to compile, analyze and report specified data concerning children and youth who may require DMHAS's services at age eighteen. Additional fringe benefit costs would be incurred (\$44,809 FY 10; \$48,543 FY 11).

DMHAS would require a Research Analyst at an FY 10 cost of \$51,718 (annualized salary of \$56,028) to compile, analyze and report

<sup>1</sup> The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller on an actual cost basis. The following is provided for estimated costs associated with additional personnel. The estimated non-pension fringe benefit rate as a percentage of payroll is 25.43%. Fringe benefit costs for new positions do not initially include pension costs as the state's pension contribution is based upon the 6/30/08 actuarial valuation for the State Employees Retirement System (SERS) which certifies the contribution for FY 10 and FY 11. Therefore, new positions will not impact the state's pension contribution until FY 12 after the next scheduled certification on 6/30/2010.

specified data on transitional youth (with additional fringe benefit costs of \$13,152 in FY 10 and \$14,248 in FY 11).

In order for the DCF and the DMHAS to track, analyze and produce the required data they would each need the above mentioned positions. Due to the bill's provision that the departments meet the reporting requirements within available appropriations, they will either: 1) shift resources from other existing agency priorities; 2) run a deficiency; 3) not be able to fully meet the reporting requirements; or 4) delay implementation until resources are made available.

### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

*Sources: 2/24/09 Public Hearing Testimony; Department of Administrative Services; File 395 of the 2008 Session.*

**OLR Bill Analysis****sHB 5416*****AN ACT CONCERNING THE TRANSITION OF CARE AND TREATMENT OF CHILDREN AND YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.*****SUMMARY:**

Beginning July 1, 2010, this bill requires the departments of Children and Families (DCF) and Mental Health and Addiction Services (DHMAS) commissioners, within available resources, to issue joint annual reports on transition activities for children under DCF care who are likely to need mental health or substance abuse services from DHMAS when they age out of DCF care. In most cases, this occurs when they reach 18.

The reports must be submitted to the Appropriations, Children's and Human Services committees and the Community Mental Health Strategy Board.

EFFECTIVE DATE: July 1, 2009

**REPORT CONTENTS*****Children Likely to Need DHMAS Services at Age 18***

In addition to containing a detailed description of the transition process, the DCF and DMHAS joint annual transition reports must include the following information about children age 14 and older in DCF care:

1. how many may need DHMAS services and the types of services they are likely to need until they reach age 22,
2. diagnostic and behavioral issues related to DCF's reason for a potential DHMAS referral,

3. identified permanency plans, and
4. anticipated impact on DCF and DHMAS budgets for the two years following the date the report is issued.

***Characteristics of DCF Children Age 16 and Older Likely to Need DHMAS Services***

The bill requires reports to contain other information about youth in DCF care who are age 16 and older and identified as potential DHMAS clients. This is:

1. the average length of time between the (a) youth's 16<sup>th</sup> birthday and DCF's referral to DMHAS, (b) DCF's referral and DMHAS' acceptance of the referral, and (c) referral and completion of a written transition plan that describes the strengths and service needs for transitioning the youth to DMHAS;
2. how many are in discharge delay status in residential treatment or psychiatric hospitals (i.e., are on waiting lists for services in less restrictive settings);
3. placement settings and identified permanency plans; and
4. how many have been adjudicated delinquent, arrested as adults, and incarcerated in a Department of Correction facility, including the average length of incarceration.

***DMHAS Actions***

Reports must also include the number of youth DCF referred to DMHAS who were denied services and the reasons for the denials. For youths whose referrals DHMAS accepted, they must include:

1. the average length of time between the youth's 18<sup>th</sup> birthday and placement in a clinically appropriate level of care;
2. how many youth are receiving services through DMHAS' Young Adult Services Division, how many are being served in other DMHAS divisions, and the services provided;



3. how many youth refuse, withdraw, or are discharged from services, along with the average length of time between DMHAS' acceptance and the youth's refusal, withdrawal, or discharge; and
4. how many have been arrested or incarcerated before their 21<sup>st</sup> birthday.

**Other Information**

The bill directs the DCF and DMHAS commissioners to jointly review and include in the report barriers to:

1. making DMHAS referrals within 30 days after a potential client's 16<sup>th</sup> birthday,
2. completing eligibility determinations within 30 days of the referral,
3. developing appropriate transition plans within 30 days after DMHAS' acceptance of the client,
4. providing clinically appropriate services to youth in DCF care who may later be referred to DHMAS, and
5. providing clinically appropriate services to young adults when they transition to DMHAS.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/17/2009)